



### Small Projects Plan

**ADM 92.29 Small projects relocation plan.** A small projects relocation plan for projects having less than 3 displacements may be submitted in lieu of a complete relocation plan, and shall consist of items specified in s. ADM 92.28 (1), (4) and (10). A small projects relocation plan shall be submitted in a format approved by the Department.

Relocation Plan For:

Displacing Agency:

Primary Contact name, address, phone & e-mail address.

Plan prepared by (if different from primary contact):

Date Prepared:

*Please submit for review & approval to Wisconsin Department of Administration, Relocation Unit, State Energy Office, , P.O. Box 7868, Madison, WI 53703. Questions? Call 608/267-0317.*

## **SMALL PROJECT RELOCATION PLAN CONTENTS**

Part 1	Project Description
Part 4	Relocation Feasibility Standards
Part 10	Assurances - Agency Head

PROJECT DESCRIPTION		PART 1
1. Project Name:	2. County(ies):	
3. Project Purpose:	4. Condemner or Displacing Agency:	
5. Acquisition procedure that agency will follow: <input type="checkbox"/> s. 32.05 <input type="checkbox"/> s. 32.06 <input type="checkbox"/> Other (specify) _____		
6. Relationship of this plan to total placement: a. <input type="checkbox"/> This plan covers all displacement expected for this project. b. <input type="checkbox"/> This is a continuation or amendment to the above project for which a plan had been previously approved by Dept. of Administration or Commerce on _____(?) c. <input type="checkbox"/> This is a 1 <sup>st</sup> phase plan for the above project which will have subsequent displacement covered in later plans.		
7. If 6c. above is checked, explain the level of additional displacement expected and why it is not included in this plan:		
8. Project Location / Address:		
9. What source(s) and amount of funds will be used in carrying out this project:  <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Private  Est. total project cost _____ Est. public financial contribution _____	10a. If federal funding is expected to support any part of this project, identify the federal agency and program involved:  10b. If state or local funds are expected to be used in any part of the project, identify the agency and program involved:	
10. Provide a brief narrative of project including anticipated uniqueness and/or problems.		

RELOCATION FEASIBILITY ANALYSIS - RESIDENTIAL			PART 4
DATA ON ACQUIRED UNIT	1. Parcel or Unit Number		
	2. Occupants Status (O) Owner or (T) Tenant		
	3. Family Composition Adults/Children	/	/
	4. <u>Type of Building</u> Construction		
	5. Habitable Area		
	6. Age/State of Repair	/	/
	7. Total Rooms/Bedrooms	/	/
	8. Type of Neighborhood		
	9. Distance To: (S) Shopping (T) Transportation (Sch) School	S: T: Sch:	S: T: Sch:
FINANCIAL INFORMATION	10. Gross Income	\$	\$
	11. Current Rent (including utilities)	\$	\$
	12. Value of Acquired Dwelling	\$	\$
	13. Ability To Pay Rent or Purchase	\$	\$
RELOCATION NEEDS	14. Rooms/Bedrooms Needed	/	/
	15. Habitable Area Required		
	16. Probable Status (O) Owner or (T) Tenant		
COMPARABLE ANALYSIS	17. Number of Comparables Available		
	18. Number of Comparables Expected at Displacement		
	19. Range of sale Price or Rent of Comparables	\$	\$
	20. Comparables From Group Number		
	21. Most Comparable Unit Number and Price	\$	\$
PAYMENTS AND ESTIMATES	22. Move Cost (A) Actual or (F) Fixed	\$	\$
	23. Estimated Owner Replacement Payment	\$	\$
	24. Closing and Incidental Cost Payment	\$	\$
	25. Mortgage Refinancing Payment	\$	\$
	26. Tenant Replacement Payment: R = Rent Differential D = Down Payment	R <input type="checkbox"/> D <input type="checkbox"/> \$	R <input type="checkbox"/> D <input type="checkbox"/> \$

**RELOCATION FEASIBILITY ANALYSIS - BUSINESS OR FARM**
**PART 10**

DATA ON ACQUIRED UNIT	1. Parcel or Unit Number		
	2. Occupants Status (O) Owner or (T) Tenant		
	3. Type of Business or Farm		
	4. Length of Occupancy		
	5. Size of Occupied Area (square feet)		
	6. Estimate of Parking Spaces Required		
	7. Trade Fixtures Included	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	8. Equipment Requiring Special Move		
	9. Farm Size or Tillable Acreage		
FINANCIAL INFORMATION	10. Estimated Annual Gross Income	\$	\$
	11. Current Rent	\$	\$
	12. Estimated Value of Acquired Property	\$	\$
RELOCATION NEEDS	13. Special Features Needed		
	14. Area Required		
	15. Probable Status O) Owner or (T) Tenant		
COMPARABLE ANALYSIS	16. Number of Comparables Available		
	17. Number of Comparables Expected at Displacement		
	18. Range of Sale Price or Rent of Comparables		
	19. Comparables From Group Number		
	20. Most Comparable Unit Number and Price		
PAYMENT ESTIMATES	21. Move Cost (A) Actual (PIL) (PIL) Payment in Lieu		
	22. Tenant Replacement Payment: R = Rent Differential D = Down Payment	R <input type="checkbox"/> D <input type="checkbox"/> \$	R <input type="checkbox"/> D <input type="checkbox"/> \$
	23. Owner Replacement Payment		
	24. Closing and Incidental Cost Payment		
	25. Mortgage Refinancing Cost Payment		
	26. Reestablishment Cost Payment		

## RELOCATION PLAN ASSURANCES

## PART S

I Certify that this relocation plan contains accurate information and has been prepared in accordance with, and adequately provides for, the delivery of relocation services and payments prescribed under Wisconsin's Relocation Assistance Act, ss. 32.185 - 32.27, Wisconsin statutes and ADM 92, Wisconsin Administrative Code. I further assure that:

1. Relocation staff who will implement this plan are familiar with its contents and the requirements of Wisconsin relocation law and Comm 202;
2. Sufficient funds have been appropriated, reserved, set aside or otherwise committed to cover the anticipated relocation costs described in this plan;
3. Families and individuals will have full opportunity to occupy comparable, decent, safe and sanitary housing;
4. Businesses and farms will be provided maximum assistance in reestablishing with a minimum of delay and loss of earnings;
5. Relocation payments will be made promptly by the agency and to the full extent for which displaced persons are eligible;
6. Project and program activities are planned and will be carried out in a manner that minimizes hardships to displaced persons;
7. Relocation will be carried out in a manner that will provide the greatest possible choices within the community's total housing supply; lessen racial, ethnic and economic concentrations; and facilitate desegregation and racially inclusive patterns of occupancy and use of public and private facilities;
8. The relocation process and delivery of payments and services will not result in separate treatment of displaced persons;
9. All displaced persons will be given a reasonable period of time to move and no one will be required to move unless a comparable replacement property is available or provided for;
10. Relocation assistance and advisory services will be provided in accordance with the needs of those persons to be displaced, including but not limited to, social services referrals, job counseling referrals, housing referrals and counseling and transportation to available housing, if necessary.

\_\_\_\_\_  
Name (Chief Executive Officer or Agency Head)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature